### **United States Bankruptcy Court**

District of Idaho Northern Division

In re: Gerald Lindsey and Ona Lindsey

Case No.

03-21652

Debtors

#### **SUMMARY OF SCHEDULES**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the botes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's liabilities.

				AMOUNTS SCHEDULED	
NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	ŁIABILITIES	OTHER
A - Real Property	Yes	1	\$40,000.00	**	7.00 m
B - Personal Property	Yes	3	\$5,150.00		
C - Property Claimed as Exempt	Yes	2			
D - Creditors Holding Secured Claims	Yes	ì		\$0.00	
E - Creditors Holding Unsecured Priority Claims	Yes	2		\$3,460,961.59	***
F - Creditors Holding Unsecured Non Priority Claims	Yes	2		\$302,094.28	
G - Executory Contracts and Unexpired Leases	Yes	1			* 1
H - Codebtors	Yes	1		en e	
l - Current Income of Individual Debtor(s)	Yes	1			\$1,540.0
J - Current Expenditures of Individual Debtor(s)	Yes	1			\$1,430.00
Total Number of Sheets in All S	Schedules ⇔	15			
	Tota	al Assets ⇔	\$45,150.00		
		·	Total Liabilities ➾	\$3,763,055.87	

J.h.

In re: Gerald Lindsey and Ona Lindsey Case No. 03-21652

Chapter 13

Social Security No.: 519-30-8816 Debtors 560-48-1485

#### SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a co-tenant, community property, or in which the debtor has a life extate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is maπled, state whether husband, wife, or both own the property by placing an "H," "W," "J," or "C" in the column labeled "Hus., Wife, Joint, or Comm." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired legses on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	HUS., WIFE, JOINT, OR COMM.	PROPERTY WITHOUT	AMOUNT OF SECURED CLAIM
Township 8 North, Range 39 East, MDB&M, Section 13: SE 1/4 of SE1/4; Sec. 24: NE1/4 of NW1/4 records of Nyc County Nevada	Only assest of Cornerstone Ranch U.C., debtor 50% owner	Н	\$40,000.00	None
		Total:	\$40,000.00	-

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#### SCHEDULE B - PERSONAL PROPERTY

Except as directed below, tist all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "X" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet property identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, or both own the property by placing an "H," "W," "J," or "C" in the column labeled "Hus., Wife, Joint, or Comm." If the debtor is an included or a joint petition is filled, state the amount of any examptions claimed only in Schedule C - Property Claimed as Exampt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property."

	TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUS., WIFE, JOHNT, OR COMM.	CURRENT MARKST VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1.	Cash on hand.		\$100.00	J	\$100.00
2.	Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.	×			
3.	Security deposits with public utilities, telephone companies, landlords, and others.	×			
4,	Household goods and furnishings, including audio, video, and computer equipment.	,	mise household goods furniture etc. debtors residence	J	\$4,000.00
5.	Books, pictures end other art objects, entiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.		various pictures and misc books debtors residence	J	\$400.00
6.	Wearing apparei.		cloths belonging to debtors debtors residence	C	\$150.00
7.	Furs and jewelry.	   	costom jewelry, wedding rings etc. debtors residence		\$500.00
8.	Firearms and sports, photographic, and other hobby equipment.	x			
9.	Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	×			
10.	Annuities, itemize and name each issuer.	×			
11.	Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans, itemize.	x			

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### SCHEDULE B - PERSONAL PROPERTY

		Continuation Sheet)		
TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUS., WIFE, JOINT, OR COMM.	CURRENT MARKET VALUE OF DESTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OF
Stock and interests in incorporated and unincorporated businesses. (temize.	X			
3. Interests in partnerships or joint ventures, itemize.	X			
4. Government and corporate bonds and other negotiable and non-negotiable instruments.	×			
15. Accounts receivable.	X			
16. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	x			
17. Other liquidated debts owing debtor including tax refunds. Give particulars.	×	<u> </u>		
18. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule of Real Property.	X			
<ol> <li>Contingent and non-contingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.</li> </ol>	x			
20. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	×			
21. Patents, copyrights, and other intellectual property. Give particulars.	x			
22. Licenses, franchises, and other general intangibles. Give particulars.	x			
23. Automobiles, trucks, trailers, and other vehicles.	×			

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### SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet) CURRENT MARKET HUS., WIFE, DESCRIPTION AND LOCATION OF PROPERTY VALUE OF DEBTOR'S INTEREST IN PROPERTY N TYPE OF PROPERTY JOINT, N E WITHOUT DEDUCTING ANY SECURED CLAIM OR OR EXEMPTION 24. Boats, motors, and accessories. X 25. Aircraft and accessories. X 26. Office equipment, furnishings, and supplies. x 27. Machinery, fixtures, equipment and supplies used in x business. x 28. Inventory. X 29. Animals. 30. Crops - growing or harvested. Give particulars. X X 31. Farming equipment and implements. X 32. Farm supplies, chemicals, and feed. 33. Other personal property of any kind not already listed. x ttem ize \$5,150.00 Total continuation sheet(s) attached

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#### SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor elects the exemption to which debtor is entitled under

11 U.S.C. 522(b)(1)

Exemptions provided in 11 U.S.C. 622(d). Note: These exemptions are available only in certain states.

11 U.S.C. 522(b)(2)

Exemptions available under applicable nonbankruptcy federal laws, state or local law where the debtor's domicile has been located for the 180 days immediately preceding the filling of the petition, or for a longer portion of the 180-day period than in any other place, and the debtor's interest as a tenant by the entirety or joint tenant to the extent the interest is exempt from process under applicable nonbankruptcy law.

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT MARKET VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTIONS
\$100.00	IC § 11-603(3)	\$100.00 Claimed By: Both	\$100.00
misc household goods furniture etc.	IC § 11-605(1)	\$4,000.00 Claimed By: Both	\$4,000.00
various pictures and misc books	IC § 11-605(1)	\$400.00	\$400.00
cloths belonging to debtors	IC § 11-605(1)	\$150.00 Claimed By: Both	\$150.00
costom jewelry, wedding rings etc.	IC § 11-605(2)	\$500.00 Claimed By: Both	\$500.00

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# SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and account number, if any, of all entities holding claims secured by property of the debtor as of the date of filing of the petition. List creditors holding all types of secured interests such as judgment liens, gamlahments, statutory items, mortgages, deeds of trust, and other security interests. List creditors in alphabascal order to the extent practicable. If all secured creditors will not fit on this page, use the continuation sheet provided.

if any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the mantal community may be liable on each claim by placing an "H," "W," J," or "C" in the column labeled "Hus., Wife, Joint, or Comm."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this achedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

X	Check this box if debtor has no creditors holding se	ecu [ ~	red Clai		C	ii l	,		
	CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE	CODEBTOR	HUS., WIFE, JOINT, OR COMM	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND MARKET VALUE OF PROPERTY SUBJECT TO LIEN	0021.10821		1 8 P U T & D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION OF CLAIM
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(Total of this page)	Bubtotal	⇔	\$0.00
	Total	45	N/A

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## SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE	E	HUS., WIFE, JOINT, OR COMM	DATE GLAIM WAS INGURRED, NATURE OF LIEN, AND DESCRIPTION AND MARKET VALUE OF PROPERTY SUBJECT TO LIEN	UNLIQUEDATED	1 1 1 1 1	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF	UNSECURED PORTION OF GLAIM
				ļ 			

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> Chapter 13

Social Security No.: 519-30-8816 560-48-1485 Debtors

# SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name and mailing address, including zip code, and account number, if any, of all entitles holding priority claims against the debtor or the property of the debtor, as of the date of the filling of the petition.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column liabeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete if any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column of the propriet o lab

heled "H	H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the mantal community may be lieure on a control value of placing on the state whether husband, wife, both of them, or the mantal community may be lieure on a control value.
he clain Iumn la	n is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the place an "X" in the columns.)
port the mpleter	s total of claims listed on each sheet in the box labeled "Subtotal" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the lest sheet of the d schedule. Repeat this total also on the Summary of Schedules.
o c	heck this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.
TYPE	ES OF PRIORITIES (Check the appropiate box(s) below if claims in that category are listed on the attached sheets)
	Extensions of credit in an involuntary case
	Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(2).
	Wages, salaries, and commissions
	Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to a maximum of \$4,650* per person earned within 90 days immediately preceding the filing of the original petition, or the cessation of business whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(3).
П	Contributions to employee benefit plans
	Money awad to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original potition, or the cossation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).
	Certain farmers and fishermen  Claims of certain farmers and fishermen, up to a maximum of \$4,650* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(5).
	Claims of certain farmers and reservisit, up to a maximum of 34,000 per farmer of 150000000, against the 4000000, against the 4000000000000000000000000000000000000
	Deposits by individuals
	Claims of individuals up to a maximum of \$2,100* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(6).
	Alimony, maintenance or support
	Claims of a spouse, former spouse, or child of the debtor for alimony, maintenance or support, to the extent provided in 11 U.S.C. § 507(a)(7).
×	Taxes and certain other debts owed to governmental units
	Taxes, customs duties, and penaltics owing to federal, state and local governmental units as set forth in 11 U.S.C. § 507(a)(8).
	Commitments to maintain the capital of an insured depository institution
	Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

<sup>\*</sup> Amounts are subject to adjustment on April 1, 2004, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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\$3,460,961.59

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# SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

					Tax		ebts owed to governme PE OF PRIORITY	ent
CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE	CODE	HUS., WIFE, JOINT, OR GOMM.	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONT 1 MGENT	8 M L I Q D I D A T E	9 1 8 P U T	TOTAL AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY
Account No: 519-30-8816	<del>-</del>	J	Date Incurred: 1997/1998/1999	X	X	×	\$510,437.52	\$510,437.52
Idaho State Tax Commission P.O. Box 36 Boise, ID 83722-2210			Consideration for Claim: Assessed tax claim					
Account No: 519-30-8816 Internal Revenue Service Chief, Special Procedures F 550 West Fort Street		.I	Date incurred: 1997/1998  Consideration for Claim:  Disputed tax claim	×	X	×	\$2,950,524,07 Estimated	\$2,950,524.0
Boise, ID 83724					1	<u> </u>		
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					,		F2 460 061 E0	

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## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including 2p code, and account number, if any, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filling of the patition. Do not include claims listed in Schedules O and E. If all creditors will not lift on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place on "X" in the column labeled "Codebtor," include the entity on the appropriate achedule of creditors, and complete Schedule H. Codebtors. If a joint patition is filed, state whether husband, wife, both of them, or the mantet community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Hus., Wife, Joint, or Comm."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Check this box if debtor has no creditors holding CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE	C O D B T O R	HUS., WIFE, JOINT, OR COMM.	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINOBAT	DALIGUIDATED	0 . \$ P U T # D	AMOUNT OF CLAIM
Account No: Bernia Gira 802 Caroline f.ane Southlake, TX		H	Date incurred: Consideration for Cisim:	×	X	x	Amount Unknown
Account No:  David Vial and Bruce Comstock % John Kluksdal, Esq. P.O. Box 2582 Boise, ID 83701-2582		Н	Date Incurred: 2003 Consideration for Claim: Judgment debt				\$137,962,25 Estimated
Account No: Gordon Johnson P.O. Box 72183 Fairbanks, AK 99707		H	Date incurred: Consideration for Claim: Unknown	X	×	×	Amount Unknown
Account No:  J. Lyn Partridge 1194W 6400S Spanish Fork, Uf 84660		н	Date incurred: Consideration for Claim:	x	x	x	Amount Unknown
Account No: Linda Clark P.O. Box 291 Kaysville, Uf 84037		H	Date incurred: Consideration for Claim:	x	x	X	Amount Unknown
Account No: Lynn M. Sorenson 1040N 300W Spanish Fork, UT 84660		н	Date Incurred: Consideration for Cigim:	x	×	x	Amount Unknown
Account No: 43130819590063686  MBNA America P.O. Hox 15019  Wilmington, DE 19886		3	Data Incurred: Consideration for Claim: misc consumer goods				\$6,876.20
t continuation sheet(s) attached		<u> </u>	(Total of this page		otota Fota		\$144,838.45 N/A

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# SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE	C O D E B T O R	HUS., WIFE, JOINT, OR COMM.	(Continuation Sheet)  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	C D N T I M G B N T	U N L   QU   D A T E D	D B P U T P D	AMOUNT OF CLAIM
Account No: Nocl Tanner P.O. Box 1389 Nome, AK 99762	É	н	Date Incurred: Consideration for Claim:	×	X	×	Amount Unknown
Account No: Peter Abt 1500-521 3 Ave S.W. Calgary, AB T2P-3T3		H	Date Incurred: Consideration for Claim:	×	×	X	Amount Unknown
Account No: Virgil Vial, Mark Vial, and Mike Vial %Sheila R. Schwager, Esq. P.O. Box 1617 Boise, ID 83701-1617		Н	Date Incurred: July 2003 Consideration for Claim:			X	\$157,255.83
Account No: Wally Brooks 325 Garrison Way Gulph Mills, PA 19428		Н	Date Incurred: Consideration for Claim:	×	X	×	Amount Unknown
() continuation sheet(s) attached			(Total of this page	) Su			\$157,255.83 \$302,094.28

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## SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests.

State nature of debtor's interest in contract, i.e. "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease.

Provide the names and complete mailing addresses of all other parties to each lesse or contract described.

NOTE: A party listed on this schedule will not receive notice of the filling of this case unless the party is also scheduled in the appropriate schedule of creditors.

1	Check this box if debtor has no executory contracts or unexpired leases.				
NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT		DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT			

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#### SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guaranters and co-signers. In community property states, a manied debtor not filling a joint case should report the name and address of the nondebtor apouse on this schedule. Include all names used by the nondebtor apouse during the six years immediately preceding the commencement of this case.

NAME AND ADDRESS OF CODEBTOR.	NAME AND ADDRESS OF CREDITOR		
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## SCHEDULE 1-CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by a married debtor in a chapter 12 or 13 case whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.

DEPENDENTS OF DEBTOR AND SPOUSE

Debtor's Marital DEPENDENTS OF		DEBTOR AND SPOUSE			
Status:	NAMES		AGE	RELATIONSHIP	
Married	None				
		EMPLOYMENT			
	DEBTOR			SPOUSE	
None		None			
ncome: (Estimat	e of everage monthly income)		DEB.	TOR	SPOUSE
•	s wages, salary, and commissions (prorat	ie if not paid monthly.)		\$0.00	\$0.06
Estimated monthly overtime				\$0.00	\$0.0
SUBTOTAL			. 27	\$0.00	\$0.0
LESS PAYROLL I	DEDUCTIONS	l.	,		
a. Payrolf taxes and social security				\$0.00	\$0.0
b. Insurance				\$0.00	\$0.0
c. Union dues				\$0.00	\$0.0
d. Other (Specify)	):			\$0.00	\$0.0
SUBTOTAL OF PA	AYROLL DEDUCTIONS			\$0.00	\$0.0
TOTAL NET MONTHLY TAKE HOME PAY				\$0.00	\$0.0
Regular income from (attach detalled	operation of business or profession or fa-	rm		\$0.00	\$0.0
Income from real pro	perty			\$0.00	\$0.0
Interest and dividend	á			\$0.00	\$0.0
Alimony, maintenanc	e or support payments payable to the deb if dependents listed above	tor for the			en o
				\$0.00	\$0.0
Social security or other government assistance (Specify) Social Security				\$1,085.00	<b>\$45</b> 5.0
Pension or retirement income			\$0.00		\$0.0
Other monthly incom	ę				
(Specify)			·	\$0.00	\$0.0
TAL MONTHLY INCO	DME	[		\$1,085.00	\$455.0

Describe any increase or decrease of more than 10% in any of the above categories anticipated to occur within the year following the filling of this document: None

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## SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTORS

Check this box is a joint petition is filled and debtor's spouse ministalina a separate household. Complete a separate schedule of expenditures labeled "Spouse".  Rent or I born browningsge payment (included in the rent of for mobile hours)   Spouse	quarterly, semi-annually, or annually to	show monthly re	ete.	e of the debtor and the debtor's family. Prorate any pay	
No may lest the save included? Yes No 2.    Spropper   Insurance included? Yes No 2.   Spropper   Insurance included? Yes No 2.   Spropper   Insurance included   Yes No 2.   Spropper   Yes		filed and debtors	s spouse ma	gintains a separate household. Complete a separate sch	edule of expenditures labeled
Part   Sept	Rent or home mortgage payment (Inclu	ide lot rented for	mobile hom	e)	\$0.00
Martia	Are real estate taxes included?	Yes	No	_ X	
Marker and sewer   \$0.00     Telephone   \$0.00     Other :   \$0.00     Clothing   \$0.00	is property insurance included?	Yes	No	x	
Talephone	Utilities Electricity and heating fuel		_		\$0.00
Notes	Water and sewer				\$0.00
Solidian	Telephone				\$40.00
Food   Square   Sq	Other:				\$0.00
Second	Home maintenance (repairs and upkee	· <b>ρ</b> )			\$0.00
Statistic   Stat	Food				\$400.00
Medical and dential expenses	Clothing				\$50.00
Transportation (not including car payments)         \$100.00           Recreation, clube and entertainment, newspapers, magazines, etc.         \$50.00           Charitable contributions         \$50.00           Insurance (not deducted from wages or included in home mortgage payments)         \$0.00           Life         \$0.00           Health         \$0.00           Auto         \$0.00           Other:         \$0.00           Installment payments: (In Chapter 12 and 13 cases, do not list payments to be included in the plan)         \$0.00           Auto         \$0.00           Other:         \$0.00           Allimony, maintenancs, and support paid to others         \$0.00           Regular expenses from operation of business, profession, or farm (attach detailed attament)         \$0.00           TOTAL MONTHLY EXPENSES (Report also on Summary of Schedules)         \$1,430.00           IFOR CHAPTER 12 AND 13 DEBTORS ONLY!         \$1,540.00           Provide the information requested below, including whether plan payments are to be made bi-weekly, monthly, annually, or attemptical interval.         \$1,540.00           A. Total projected monthly income         \$1,540.00           B. Total projected monthly expenses         \$1,540.00           C. Excess Income (A minus 8)         Monthly	Laundry and dry cleaning				\$15.00
\$100.00					\$200.00
Part	•	лents)			\$100.00
National Contribution		-	azines, etc.		\$50.00
Nomeowner's or renter's   \$0.00     Life	- · · · · · · · · · · · · · · · · · · ·				\$25.00
Nomeowner's or renter's   \$0.00     Life   \$0.00     Health   \$0.00     Auto   \$0.00     Other:   \$0.00     Installment payments: (in Chapter 12 and 13 cases, do not list payments to be included in the plan)     Installment payments: (in Chapter 12 and 13 cases, do not list payments to be included in the plan)     Installment payments: (in Chapter 12 and 13 cases, do not list payments to be included in the plan)     Auto		or included in hor	ne mortgage	payments)	
Hasith 400.00 Auto \$0.00 Other: \$0.00  Taxes (not deducted from wages or included in home mortgage payments)  Specify: \$0.00 Installment payments: (in Chapter 12 and 13 cases, do not list payments to be included in the plan)  Auto \$0.00 Other: \$0.00 Auto \$0.00 Other: \$0.00 Alimony, maintenance, and support paid to others \$0.00 Payments for support of additional dependents not living at your home \$0.00 Regular expenses from operation of business, profession, or farm (attach detailed statement) \$0.00 Other: Accountant to assist in Tax claims \$150.00  FOTAL MONTHLY EXPENSES (Report also on Summary of Schedules) \$1,430.00  FOR CHAPTER 12 AND 13 DEBTORS ONLY]  Provide the information requested below, including whether plan payments are to be made bi-weekly, monthly, annually, or at some other regular interval.  A. Total projected monthly income \$1,540.00 B. Total projected monthly expenses \$1,430.00 C. Excess income (A minus B) \$1,430.00 D. Total amount to be eadd into plan each Monthly					\$0.00
Health Auto \$0.00 Chter: \$0.00	Life				\$0.00
Auto Other:  Specify:					\$400.00
Other: \$0.00  Taxes (not deducted from weges or included in home mortgage payments)  Specify: \$0.00  Installment payments: (in Chapter 12 and 13 cases, do not list payments to be included in the plan)  Auto Other: \$0.00  Allmony, maintenance, and support paid to others \$0.00  Payments for support of additional dependents not living at your home \$0.00  Regular expenses from operation of business, profession, or farm (attach detailed statement) \$0.00  Other: Accountant to assist in Tax claims \$150.00  TOTAL MONTHLY EXPENSES (Report also on Summary of Schedules) \$1,430.00  [FOR CHAPTER 12 AND 13 DEBTORS ONLY]  Provide the information requested below, including whether plan payments are to be made bi-weekly, monthly, annually, or at some other regular interval.  A Total projected monthly income \$1,540.00  B. Total projected monthly expenses \$1,430.00  C. Excess Income (A minus B) \$110.00  D. Total amount to be paid into plan each Monthly  South					\$0.00
Specify   Spec					\$0.00
Specify   Spec	T 4 4 4	atada la bama n	ortonen en	um nate)	
Installment payments: (In Chapter 12 and 13 cases, do not list payments to be included in the plan)  Auto Other: S0.00  Alimony, maintenance, and support paid to others S0.00  Payments for support of additional dependents not living at your home Regular expenses from operation of business, profession, or farm (attach detailed statement) S0.00  Other: Accountant to assist in Tax claims S150.00  TOTAL MONTHLY EXPENSES (Report also on Summary of Schedules)  [FOR CHAPTER 12 AND 13 DEBTORS ONLY]  Provide the information requested below, including whether plan payments are to be made bi-weekly, monthly, annually, or at some other regular interval.  A. Total projected monthly income S1,540.00  B. Total projected monthly expenses S1,430.00  C. Excess income (A minus B) S10.00	· · · · · · · · · · · · · · · · · · ·	Cidded III Home ii	initāsās ba	in anto,	90.00
Auto Other: S0.00  Alimony, maintenance, and support paid to others S0.00  Payments for support of additional dependents not living at your home Regular expenses from operation of business, profession, or farm (attach detailed statement) Other: Accountant to assist in Tax claims S150.00  TOTAL MONTHLY EXPENSES (Report also on Summary of Schedules)  [FOR CHAPTER 12 AND 13 DEBTORS ONLY]  Provide the information requested below, including whether plan payments are to be made bi-weekly, monthly, annually, or at some other regular interval.  A. Total projected monthly income S1,540.00  B. Total projected monthly expenses S1,430.00  C. Excess income (A minus B) S110.00  D. Total amount to be said into plan each Monthly	, <del>,</del>		not lint mayo	nonte to be included in the nigo	
Other:  Alimony, maintenance, and support paid to others  Payments for support of additional dependents not living at your home  Regular expenses from operation of business, profession, or farm (attach detailed statement)  Other:  Accountant to assist in Tax claims  \$150.00  TOTAL MONTHLY EXPENSES (Report also on Summary of Schedules)  [FOR CHAPTER 12 AND 13 DEBTORS ONLY]  Provide the information requested below, including whether plan payments are to be made bi-weekly, monthly, annually, or at some other regular interval.  A. Total projected monthly income  B. Total projected monthly expenses  \$1,540.00  C. Excess Income (A minus B)  D. Total amount to be paid into plan each. Monthly  \$0.00		MG 13 Cases, GO	not list payi	idite to be included in the biany	\$0.00
Alimony, maintenance, and support paid to others  Payments for support of additional dependents not living at your home  Regular expenses from operation of business, profession, or farm (attach detailed statement)  Other: Accountant to assist in Tax claims  107AL MONTHLY EXPENSES (Report also on Summary of Schedules)  [FOR CHAPTER 12 AND 13 DEBTORS ONLY]  Provide the information requested below, including whether plan payments are to be made bi-weekly, monthly, annually, or at some other regular interval.  A. Total projected monthly income  B. Total projected monthly expenses  C. Excess Income (A minus B)  D. Total amount to be paid into plan each Monthly  Monthly  \$0.00					
Payments for support of additional dependents not living at your home \$0.00  Regular expenses from operation of business, profession, or farm (attach detailed statement) \$0.00  Other: Accountant to assist in Tax claims \$150.00  TOTAL MONTHLY EXPENSES (Report also on Summary of Schedules) \$1,430.00  [FOR CHAPTER 12 AND 13 DEBTORS ONLY]  Provide the information requested below, including whether plan payments are to be made bi-weekly, monthly, annually, or at some other regular interval.  A. Total projected monthly income \$1,540.00  B. Total projected monthly expenses \$1,430.00  C. Excess Income (A minus B) \$110.00  D. Total amount to be paid into plan each Monthly  \$0.00	Other:				
Regular expenses from operation of business, profession, or farm (attach detailed statement)  Other: Accountant to assist in Tax claims  TOTAL MONTHLY EXPENSES (Report also on Summary of Schedules)  [FOR CHAPTER 12 AND 13 DEBTORS ONLY]  Provide the information requested below, including whether plan payments are to be made bi-weekly, monthly, annually, or at some other regular interval.  A. Total projected monthly income  B. Total projected monthly expenses  C. Excess income (A minus B)  D. Total amount to be paid into plan each. Monthly  Monthly  \$0.00	Alimony, maintenance, and support pe	aid to others			\$0.00_
Other: Accountant to assist in Tax claims \$150.00  TOTAL MONTHLY EXPENSES (Report also on Summary of Schedules) \$1,430.00  [FOR CHAPTER 12 AND 13 DEBTORS ONLY]  Provide the information requested below, including whether plan payments are to be made bi-weekly, monthly, annually, or at some other regular interval.  A. Total projected monthly income \$1,540.00  B. Total projected monthly expenses \$1,430.00  C. Excess income (A minus B) \$110.00  D. Total amount to be paid into plan each Monthly \$0.00					
TOTAL MONTHLY EXPENSES (Report also on Summary of Schedules)  [FOR CHAPTER 12 AND 13 DEBTORS ONLY]  Provide the information requested below, including whether plan payments are to be made bi-weekly, monthly, annually, or at some other regular interval.  A. Total projected monthly income  B. Total projected monthly expenses  C. Excess Income (A minus B)  D. Total amount to be paid into plan each. Monthly  \$0.00	Regular expenses from operation of b	usiness, professi	on, or farm (	(attach detailed statement)	
[FOR CHAPTER 12 AND 13 DEBTORS ONLY]  Provide the information requested below, including whether plan payments are to be made bi-weekly, monthly, annually, or at some other regular interval.  A. Total projected monthly income  B. Total projected monthly expenses  C. Excess income (A minus B)  D. Total amount to be paid into plan each Monthly  \$0.00	Other: Accountant to	assist in Tax claim	<u>s</u>	day on the state of the state o	\$150.00
Provide the information requested below, including whether plan payments are to be made bi-weekly, monthly, annually, or at some other regular interval.  A. Total projected monthly income  B. Total projected monthly expenses  C. Excess Income (A minus B)  D. Total amount to be paid into plan each  Monthly  Monthly  \$0.00	TOTAL MONTHLY EXPENSES (Report	also on Summar,	y of Schedul	les)	\$1,430.00
(Interval)	Provide the information requested bel some other regular interval.  A. Total projected monthly income B. Total projected monthly expenses C. Excess Income (A minus B)	low, including wh			\$1,540.00 \$1,430.00 \$110.00 \$0.00

#### UNITED STATES BANKRUPTCY COURT

District of Idaho Northern Division

In re: Gerald Lindsey Ona Lindsey Debtors	Chapter 13 Case Number: 03-21652				
Declaration Under Penalty of Perjury by Individual / Joint Debtor					
We declare under penalty of perjury that we have read the foregoing summary and schedules, consisting of 16 sheets, and they are true and correct to the best of our knowledge, information and belief.					
Date: ///3/03 Signature:  Date: ///8/03 Signature:	Gerald Lindsey				
Date: Signature:	on Lindsey				
Certification and Signature of Non - Attorney Ba	nkruptcy Petition Preparer ( See 11 U.S.C. § 110)				
I certify that I am a bankruptcy petition preparer as defined in U.S.C. § 110, that I prepared this document for compensation, and that I have provided the debtor with a copy of this document.					
Print or Typed Name of Bankruptcy Petition Preparer Social Security Number					
Address Tel. No.					
Name and Social Security Number of all other individuals w	ho prepared or assisted in preparing this document:				
If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.					
Signature of Bankruptcy Petition Preparer	Date				
A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment of both. 11 U.S.C. § 110, 18 U.S.C. § 156.					
Declaration Under Penalty of Perjury on Behalf of Corporation or Partnership					
I,, of the, of the					
Date: Signatur	CT.				

Name: Title: